



Designation of Beneficiary

Civil Service Retirement System

Important.
Read all instructions
before you use this form

A. Identification

Name (last first middle)	Date of birth (Mmlddlyyyy)	Social Security Number
Place an "X" in the block that applies to you.	<input type="checkbox"/> An employee <input type="checkbox"/> Retired or an applicant for retirement <input type="checkbox"/> Former employee eligible for retirement in the future	If you are retired, give your claim number. CSA
Department or agency in which presently employed (or former department or agency):		
Department or agency	Bureau	Division
Location (city, state and ZIP code)		

I, the person identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, cancels any previous designation of beneficiary, and remains in effect until I cancel it in writing or I receive payment before retirement of all the monies to my credit in the Civil Service Retirement and Disability Fund

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason shall be distributed equally among the stated beneficiaries or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump sum becomes payable, this designation is void and payment will be made according to the order of precedence set by law.

B Information Concerning The Beneficiaries (See Examples on the reverse of Part I ~ Type or print clearly)

First name middle initial and last name of each beneficiary 0	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Date of designation (Mmlddlyyy)	Your signature		Shares designated must equal 100%

C Witnesses (A witness Is not eligible to receive payment as a beneficiary)

We, the undersigned, certify that the **person identified in A. above signed in our presence.**

Signature of witness,	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

0 We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.

0 We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

Type or print your return address so that we can return a copy for your file.

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Your designation is not effective until OPM receives and certifies it. Mail both copies of your designation of beneficiary to:

U.S. Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-0045

Important: The filing of this form will completely cancel any Civil Service Retirement System Designation of Beneficiary you may have filed before this date. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples

1. How to Designate One Beneficiary (Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" as the name of the beneficiary.)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	① 100 %

2. How to Designate More Than One Beneficiary (Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	② 25 %
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25 %
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50 %

3. How to Designate A Contingency

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	① 100 %
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100 %

4. How to Cancel and Effect Payment Under Order of Precedence (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Cancel prior designations			

① "All" would also be acceptable.

② "One fourth," "one half," etc., would also be acceptable.

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	Retired or an applicant for retirement		
	Former employee eligible for retirement in the future		
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (city, state and ZIP code)

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I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason shall be distributed equally among the stated beneficiaries or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump sum becomes payable, this designation is void and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples on the reverse of Part 1. Type or print clearly.)

First name, middle initial, and last name of each beneficiary ❶	Address (including ZIP code) of each beneficiary ❷	Relationship to you ❶	Share to be paid to each beneficiary
Date of designation (mm/dd/yyyy)	Your signature		Shares designated must equal 100%.

C. Witnesses (A witness is not eligible to receive payment as a beneficiary.)

We, the undersigned, certify that the person identified in A. above signed in our presence.

Signature of witness	Address (including ZIP code)
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- ❶ We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.
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